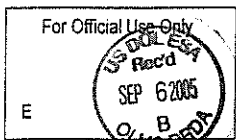


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13552</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>GARY A. Lehman</u> P.O. Box, Bldg., Room No., if any <u>P.O. Box 113</u> Street _____ City <u>ERLING</u> State <u>MASS.</u> ZIP Code + 4 <u>01344</u>	4. Name, file number, and address of labor organization. Name <u>Laborers Local 596 L.I.U.N.A.</u> Labor Organization File Number <u>002544</u> P.O. Box, Building and Room Number, if any <u>563</u> Street _____ City <u>Holyoke</u> State <u>MASS.</u> ZIP Code + 4 <u>01040</u>
5. Position in labor organization. <u>Retired Business Manager (Trustee Mass Laborers Legal Service)</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. <u>9</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Gary A. Lehman

On 08/29/05
Date

413-532-7836
Telephone Number

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name MASS. Laborers' Legal Service Fund

Trade Name, if any: L.I.U.W.A.

P.O. Box, Bldg., Room No., if any Suite 100

Street 14 New England Exec. Park

City Burlington, MA

State MASS. ZIP Code + 4 01803

11.a. Nature of such dealing.

*Legal Fund Conf. in Toronto
Enclosed is copy of expenses
sent from Laborers' Legal Service Fund*

11.b. Approximate dollar value of such dealing.

1,614.03

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

TRUSTEE EXPENSE VOUCHER

Mass Laborens Legal Fund.
Name of Trust Fund (s)

THIS VOUCHER IS FOR:

- ☐ EXPENSES IN CONNECTION WITH ATTENDANCE AT TRUST MEETING AT _____ ON _____
(LOCATION) (DATES)
- ☐ EXPENSES IN CONNECTION WITH ATTENDANCE AT EDUCATIONAL MEETING AT
Toronto Canada ON June 9-13 & 14
(Location) (Session date (s))
- SPONSORED BY A. P. I.
- ☐ OTHER: _____
(Describe reason for incurring Expenses)

TRANSPORTATION:

DATE OF DEPARTURE: _____ DATE OF RETURN: _____

- ☐ PRIVATE AUTOMOBILE _____ MILES AT _____¢ PER MILE \$ _____
- ☐ AIRFARE ☐ TRAIN ☐ BUS (ATTACH COPY OF TICKET) \$ _____
- ☐ RENTACAR AT MEETING LOCATION (ATTACH COPY OF BILL) \$ _____

HOTEL OR MOTEL:

- ☒ HOTEL OR MOTEL EXPENSE (ATTACH COPY OF BILL) \$ 775.74

MEETING REGISTRATION FEE:

- ☐ MEETING REGISTRATION FEE EXPENSE (ATTACH RECEIPT) \$ _____

DAILY EXPENSES:

- ☒ DAILY EXPENSES (FROM REVERSE SIDE OF VOUCHER) \$ 523.05

TOTAL EXPENSES \$ _____

SETTLEMENT

TOTAL EXPENSES WHICH I INCURRED \$ 1,298.79

LESS THE AMOUNT I RECEIVED AS ADVANCE (IF ANY)
EQUALS \$ 1,800.00

- ☐ REFUND WHICH I OWE TO TRUST FUND, MY CHECK IS ATTACHED
OR \$ 501.21

- ☐ AMOUNT OWING ME BY TRUST FUND. I REQUEST REIMBURSEMENT \$ _____

I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE THE PROPER AND ACTUAL EXPENSES WHICH I INCURRED IN CONNECTION WITH THE TRUST FUND ACTIVITY NOTED ABOVE.

DATED THIS 9 DAY OF July 2004

Gary Lehman
SIGNATURE OF TRUSTEE

P.O. Box 563 Holyoke, MA 01041
ADDRESS AND CITY

	Operated by AIR GEORGIAN
Coach	1 hr 46 min
	Seat(s)
	07A
	07B
Total Travel Time: 1 hr 46 min	

Manchester (MHT) - Toronto (YYZ)

	Base Fare	Taxes	Booking Fee	Total Per Person	Total (USD)
Passengers				315.24	630.48
adult (2)	255.40	54.84	5.00	Total (USD)	\$630.48
<u>(Rate Rules)</u>					

Find out about the rules for cancelling or modifying this flight reservation.